

State of Maryland-Child Protective Services Program
CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARANCE REQUEST

INSTRUCTIONS

1. Type or print legibly in ink. **INCOMPLETE FORMS WILL BE RETURNED.**
2. Submit a separate form for each individual whose name is to be searched.
3. Provide proof of identify and sign Part III in the presence of a Notary Public.
4. This form must be notarized.
5. Return the completed form to either:

Local Department of Social Services in the area where you reside
or
Department of Human Resources
In-Home Services
Social Services Administration
311 W. Saratoga Street, Room 553
Baltimore, MD 21201

Part I: PURPOSE OF SEARCH: (Complete below and the person that this search pertains to must sign the form on the reverse in part III.)

☐ **A. RELEASE TO SELF:**

- ☐ 1. To determine if I have been found responsible for indicated or unsubstantiated disposition for a child abuse or neglect investigation.
☐ 2. To determine if I have any remaining appeal rights

☒ **B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Day Care Center |
| <input type="checkbox"/> Kinship Care Provider | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care Provider |
| <input type="checkbox"/> Adoptive Parent | <input type="checkbox"/> CASA | <input type="checkbox"/> Other Employment (Explain) |
| <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Volunteer | <input checked="" type="checkbox"/> Other (Explain) <u>Regulatory Board</u> |

1. Requesting Agency Or Individual Name

2. Name Of Agency Representative

3. Address

City

State

Zip

Telephone

Residential Child Care Program Professionals
4201 Patterson Avenue
Baltimore
MD
21215
Guendolyn Syner, Deputy Director
410-764-5996
410-358-5674

☐ **C. RELEASE OF SUMMARY OF AGENCY FINDING:**

I am aware that I have an **indicated** disposition following a child abuse or neglect investigation and I authorize the agency to release a summary to the individual/agency identified in part I as to why I was found responsible.

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

1. IDENTIFYING INFORMATION:		Last Name		First	Full Middle	Maiden/Birth Name			
		Social Security #	Race	Sex	Birthdate	Other Names Used			
2. CURRENT ADDRESS		City		State	Zip				
3. PRIOR ADDRESS(S) AND DATE(S) (Within The Past 7 Years)		City		State	Zip	Date			
		City		State	Zip	Date			
4. CURRENT SPOUSE		Last, First, Full Middle		Race	Sex	Birth Date			
5. PREVIOUS SPOUSE		Last, First, Full Middle		Race	Sex	Birth Date			
6. FULL NAMES OF ALL CHILDREN LIVING WITH YOU (Also include adult children not living with you. Attach additional paper if needed)									
Last, First, Full Middle		Race	Sex	Birth Date	Last, First, Full Middle		Race	Sex	Birth Date

Part III: AUTHORIZATION (Check either 1 or 2 below.)

Pursuant to Maryland Code of Regulation Section 07.02.07.19, pertaining to the confidentiality of Child Protective Services records and reports, I hereby authorize the Maryland Department of Human Resources (DHR):

- ☐ 1. To **notify** _____ (self, agency, or individual listed in part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland DHR, any Local Department of Social Services, and Child Protective Services.
- ☒ 2. To **release a summary** of the indicated finding to Residential Child Care Bd. (self, agency, or individual listed in part I).

SIGNATURE: This form must sign in the presence of a Notary Public by the person named in part II.

DATE: _____

Part IV. CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

City/County of: _____ State of: _____

Acknowledged before me this _____ Day of _____ 20____

Notary Public

My Commission expires: _____

Part V. BACKGROUND CLEARANCE FINDINGS (for Local Department or DHR use only)

- ☐ 1. We are unable to determine at this time if the individual for whom a search has been requested has a CPS finding. Form returned to requesting agency. Date _____
- ☐ 2. Sent to DHR or Local Department of Social Services: Name _____
Date _____
Date returned from Local Department _____
- ☐ 3. Based on information provided by Local Departments of Social Services, we have determined that _____ is listed in the Central Registry as being responsible for an ☐ Indicated/ ☐ Unsubstantiated disposition of ☐ Abuse / ☐ Neglect in reference to an investigation conducted in _____. Child Protective Service Case/File/Referral #: _____
- ☐ 4. Holding for Appeal Appeal Date _____ Appeal Disposition _____
- ☐ 5. Notification sent to Requesting Agency/Individual: Date _____
- ☐ 6. Notification sent to Person: Date _____
- ☐ 7. Summary Provided: Date _____
- ☐ 8. As of this date, the individual whose name was being searched is NOT identified in the Central Registry as being responsible for abuse or neglect.